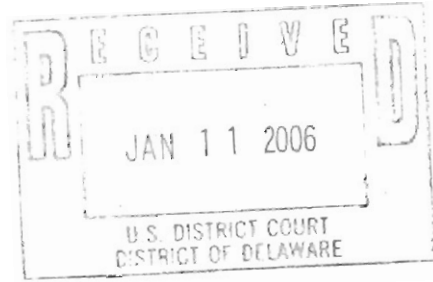


United States District Court  
For the District of Delaware



Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 05-838 KAJ

Attached below is a return receipt card reflecting proof of service  
upon the named party on the date show.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>x Beatrice</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Beatrice</i> C. Date of Delivery <i>1-10-06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to:  WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7002 2030 0003 0326 9861	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540